

United States Senate

May 16, 2016

Denise Deitzen
Network Director
VA Great Lakes Health Care System, Network Office (10N12)
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Director Deitzen,

For over 2 years now, my office has been working hand in hand with brave whistleblowers to uncover waste, fraud, abuse and the culture of corruption inside our nation's VA hospitals. Some of the bravest people I have met in my tenure as Senator have been employees and patients at Hines VA, who despite threats of retaliation, have come forward to expose wrongdoing. The saddest part about this work is that there seems to be no bottom-each time we discover a problem, there always seems to be a cover-up, instances of willful incompetence, and/or another problem right around the corner.

Recently, it was brought to my attention that the kitchen used to prepare and serve meals to inpatient veterans at Hines VA was infested with cockroaches- a problem that has existed for years without remedy. And now, I am devastated to learn that a Hines VA Residential Care Facility, that houses catastrophically injured and disabled veterans, has been contaminated with potentially dangerous mold for nearly a year.

On April 22, 2016, my office received a letter regarding on-going mold contamination at Hines VA. This letter was signed by 18 veterans residing at Residential Care Facility 221 (RCF 221). RCF 221 is a facility intended to provide around-the-clock care to many of the frailest veterans, including preventive, skilled, restorative, reactivation/rehabilitation, respite and hospice/palliative care. This letter details concerns that areas of this unit have not only been contaminated with dangerous molds in large quantities, but that these affected areas have been simply taped off with no further remediation despite repeated outcry by both patients and staff. While there should never be mold at any area of a hospital, the existence of potentially hazardous contaminants in an area of the hospital that houses veterans with health issues of this magnitude is especially troubling. The letter itself states that "the residents and staff in this unit are experiencing high rate of sickness and repeated hospitalizations" potentially due to respiratory exposure to the mold.

This problem must be addressed immediately. Unfortunately, many times the well-founded complaints of whistleblowers, such as the highly vulnerable population residing in the Hines RCF, are simply swept under the rug by VA officials until elected officials, the press, or both, force action. As a result, I am requesting a

response outlining specific details of VA leadership's activities related to providing a clean and safe environment for the frail residents at Hines RCF.

In your response, which I am expecting on or before May 31, 2016, I would like answers to following specific questions:

- Is the VA aware of the mold in the RCF? If so, when was the VA notified by Hines administration that there was mold in RCF 221?
- What federal agency is in charge of health/safety inspections of VA properties?
- When mold or other hazardous conditions are found and/or reported, what federal agency is in charge of responding and inspecting the VA premises then instituting an appropriate remediation plan?
- What if any tests have been done to determine the air quality of the RCF?
- What steps did VA take to eliminate the mold contamination?
- What sections of the RCF were at one time taped off due to either the existence or suspicion of mold? Other than taping off the contaminated areas, what other actions have been taken?
- Are sections of the RCF still taped off?
- On March 11, 2016 a memorandum from the Chief Safety and Emergency Management Service regarding "mold remediation to building 221 Residential Care Facility" was circulated to the RCF staff and employee representatives (Please see attached). This memo outlined steps taken as well as next steps. Please provide my office with this memo.
- Another Memorandum was circulated in March of 2016 again from the Chief Safety and Emergency Management Service regarding "mold remediation to building 221 Residential Care Facility" to the RCF Employees (Please see attached). Under "Next Steps" this memo states that "if any nurses and/or ancillary staff have had respiratory conditions (illegible) as a result of inhalation (illegible) ... Please provide my office with this memo.
- Please include all data over the past five years regarding patient deaths and respiratory illness among residents of the RCF.
- Please provide all data over the past five years regarding instances or complaints of respiratory illnesses amongst RCF staff.
- What are the current protocols the VA applies to ensure adherence to state, local and federal building codes and any other standards VA may employ to ensure a safe and healthy environment for patients at Hines?

As you may recall, this is not the first example of mold contamination at Hines. I wrote to VA's Office of the Inspector General in July 2014 in response to similar calls from veteran patients that standing water had led to mold contamination in the Operating Room at Hines. While I appreciate your attention to that matter, I would note that my concerns were not officially addressed until the January 2016 publication of VA OIG's report, "Healthcare Inspection Environment of Care and Safety Concerns in Operating Room Areas Edward Hines Jr. VA Hospital (Report No. 14-05173-92)." No veteran should have to wait 18 months in order for VA

leadership to resolve concerns of environmental hazards in an area of health delivery as sensitive as an operating room. Such an extended timeline is especially unacceptable when the patients being exposed to potentially hazardous mold are among the most vulnerable to illness.

In addition, please provide any additional detail necessary to demonstrate that complaints filed with VA leadership by whistleblowers were properly handled, and that no retaliatory actions against any whistleblowers were taken. If you have any questions, please do not hesitate to contact my office at 202-224-2854.

Sincerely,

A handwritten signature in blue ink, reading "Mark Kirk". The signature is fluid and cursive, with the first name "Mark" written in a larger, more prominent script than the last name "Kirk".

Mark Kirk
United States Senator